Pride in Parenting Maternal Health Beliefs Questionnaire

| Subject ID | Today's Date: |
|--------------------------|----------------|
| Number: AFFIX LABEL HERE | month day year |

The next several questions ask how likely you think it is that your baby will get certain illnesses during the <u>next month</u>, and how serious you think it would be for the baby to get those illnesses during the next month. *(PRESENT RESPONSE CARDS).*

| LIKELIHOOD | | | | | SERIOUSNESS | | | | | |
|------------|---------------------------|------------------|----------|--------|----------------|-----|----------------|---------------------|---------|-----------------|
| Di | uring the Next Month: | Very Unlikely | Unlikely | Likely | Very Likely | | Not Serious | Somewhat Serious | Serious | Very Serious |
| 1. | Cold | 1 | 2 | 3 | 4 | 2. | 5 | 6 | 7 | 8 |
| 3. | Fever for >2 days | 1 | 2 | 3 | 4 | 4. | 5 | 6 | 7 | 8 |
| 5. | Diarrhea for >1 day | 1 | 2 | 3 | 4 | 6. | 5 | 6 | 7 | 8 |
| 7. | Ear infection | 1 | 2 | 3 | 4 | 8. | 5 | 6 | 7 | 8 |
| 9. | Rash | 1 | 2 | 3 | 4 | 10. | 5 | 6 | 7 | 8 |
| 11. | Pink eye or eye infection | 1 | 2 | 3 | 4 | 12. | 5 | 6 | 7 | 8 |
| 13. | Vomiting >1 day | 1 | 2 | 3 | 4 | 14. | 5 | 6 | 7 | 8 |

Now, I'd like to ask you several questions about how likely you think it is that your baby will get certain illnesses during the <u>next 12 months</u>, and how serious you think it would be for the baby to get those illnesses during the next 12 months. *(PRESENT RESPONSE CARDS)*.

| LIKELIHOOD | | | | | SERIOUSNESS | | | | |
|---|------------------|----------|--------|----------------|-------------|----------------|---------------------|---------|-----------------|
| During the Next 12 Months: | Very Unlikely | Unlikely | Likely | Very Likely | | Not Serious | Somewhat Serious | Serious | Very Serious |
| 15. Mumps | 1 | 2 | 3 | 4 | 16. | 5 | 6 | 7 | 8 |
| 17. Measles | 1 | 2 | 3 | 4 | 18. | 5 | 6 | 7 | 8 |
| 19. Low Blood or iron deficiency anemia | 1 | 2 | 3 | 4 | 20. | 5 | 6 | 7 | 8 |
| 21. Polio | 1 | 2 | 3 | 4 | 22. | 5 | 6 | 7 | 8 |
| 23. Whooping cough (pertussis) | 1 | 2 | 3 | 4 | 24. | 5 | 6 | 7 | 8 |

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The following questions ask about how much you think doctors can do to prevent some illnesses. *(PRESENT RESPONSE CARDS).*

| | Nothing | Some | A Lot | A Great Deal |
|--------------------|---------|------|-------|-----------------|
| 25. Mumps | 1 | 2 | 3 | 4 |
| 26. Cold | 1 | 2 | 3 | 4 |
| 27. Fever | 1 | 2 | 3 | 4 |
| 28. Measles | 1 | 2 | 3 | 4 |
| 29. Upset stomach | 1 | 2 | 3 | 4 |
| 30. Earache | 1 | 2 | 3 | 4 |
| 31. Rash | 1 | 2 | 3 | 4 |
| 32. Whooping cough | 1 | 2 | 3 | 4 |
| 33. Diarrhea | 1 | 2 | 3 | 4 |
| 34. Low blood | 1 | 2 | 3 | 4 |
| 35. Polio | 1 | 2 | 3 | 4 |
| 36. Eye infection | 1 | 2 | 3 | 4 |

How much do you agree or disagree with the following statements? (PRESENT RESPONSE CARD)

| | | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|-----|---|----------------------|----------|---------------------------------|-------|-------------------|
| 37. | Most childhood illnesses can be prevented by getting baby shots/immunizations. | 1 | 2 | 3 | 4 | 5 |
| 38. | Taking the baby to the doctor for baby shots can keep a baby healthy. | 1 | 2 | 3 | 4 | 5 |
| 39. | It will be difficult for me to bring the baby into the clinic for baby shots/immunizations. | 1 | 2 | 3 | 4 | 5 |
| 40. | It will be <u>easy</u> for me to bring the baby into the clinic for check-ups. | 1 | 2 | 3 | 4 | 5 |
| 41. | Paying for the baby's check-ups will be a problem. | 1 | 2 | 3 | 4 | 5 |
| 42. | Paying for the baby's shots will not be a problem. | 1 | 2 | 3 | 4 | 5 |
| 43. | I think about my health a lot. | 1 | 2 | 3 | 4 | 5 |
| 44. | I almost never take the illnesses I get seriously. | 1 | 2 | 3 | 4 | 5 |
| 45. | Whenever I get sick it concerns me a lot. | 1 | 2 | 3 | 4 | 5 |
| 46. | Whenever I'm ill, no matter how mild the symptom, I take it seriously. | 1 | 2 | 3 | 4 | 5 |
| 47. | My health is the most important consideration in my life. | 1 | 2 | 3 | 4 | 5 |
| 48. | I only think about my health from time to time. | 1 | 2 | 3 | 4 | 5 |

| Family Resource Specialist: | (please initial) |
|-----------------------------------|------------------|
| Date: | |
| Signature of Project Coordinator: | |
| Date: | |

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